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10/08/2010

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1279 OAKMEAD PARKWAY SUNNYVALE, CA 94085-4040

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CONFIRMATION NO.	ATTORNEY DOCKET NO.	FIRST NAMED INVENTOR	FILING DATE	APPLICATION NO.
2531	42P14609	Gopalan Ramanujam	09/08/2003	10/658,612

TITLE OF INVENTION: METHOD, APPARATUS AND INSTRUCTIONS FOR PARALLEL DATA CONVERSIONS rectic ccc rate

nonprovisional NO \$1510 \$300 \$0 \$1810 01/10/2011 EXAMINER ART UNIT CLASS-SUBCLASS MAI, TAN V 2193 708-204000 1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1/53). Change of correspondence address or indication of of "Fee Address" (37 CFR 1/53). Change of correspondence address or indication of address" (37 CFR 1/53). Change of correspondence address or indication of "Fee Address" (37 CFR 1/53). Change of correspondence address or indication of a display of the print of the pri			100001111111111111111111111111111111111	T SEE SEE	THE THIS ISSUET BE	TOTALET ELE(D) DOL	DATE BOL
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CFR 1.55). Change of correspondence address (or Change of Correspondence Address om PTOSB172) attached. The Address 'indication (or 'Fee Address' Indication form PTOSB478', very 0.302 or more recent) attached, Use of a Customer 12 registered attorney or agent) and the names of up to 3 registered patent attorneys are member a registered attorney or agent) and the names of up to 3 registered patent attorneys are member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agent) and the names of up to 3 registered patent attorneys or agent) and the names of up to 3 registered patent attorneys or agent) and the names of up to 3 registered patent attorneys or agent) and the names of up to 3 registered patent attorneys or agent patent patent patent patent patent patent patent patent	MAI,	TAN V	2193	708-204000	•		
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ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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